

CLAIMS ONLY

SERIAL NO.

10087167

FILING DATE

03-04-02

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		1					99						
50		1					100						
TOTAL IND.	2						TOTAL IND.	2					
TOTAL DEP.		40					TOTAL DEP.		40				
TOTAL CLAIMS		42					TOTAL CLAIMS		42				

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	40					
TOTAL CLAIMS	42					

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TOTAL CLAIMS						

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